

2369

Use number of each in place of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS <u>122</u>	State Index No. <u>851</u>	
District of <u>Arizona</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>69</u>
Town of <u>Hayden</u>			Local Registrar's No. <u>65</u>
or City of <u>Winkelman</u>	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Virginia Frances Bailey</u>			Born <input checked="" type="checkbox"/> YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Alive <input checked="" type="checkbox"/> NO
Sex of Child <u>Female</u>	Twin, Triplet or other <u>single</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>
Date of Birth <u>March 25</u> 191 <u>5</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Mr. H. S. Bailey</u>		Full Maiden Name <u>Eulalie Morehead</u>	
Residence <u>Winkelman</u>		Residence <u>Winkelman</u>	
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Kentucky</u>		Birthplace <u>Kentucky</u>	
Occupation <u>Banker</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>March 25</u> 191 <u>5</u> , at <u>11:45 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>H. P. Norman</u>	(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report <u>191</u>		Address <u>Hayden Arizona</u>	
<u>528-325-544</u>		<u>H. P. Norman</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>April 1</u> 191 <u>5</u>		A True Copy	
Filed <u>Apr 6</u> 191 <u>5</u>		<u>B. L. Fox</u>	
		COUNTY REGISTRAR.	